Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	10/3/10	Address:	WILSEY ROAD	
Case #:	<u>PO 10-116D</u>		GRIFFIN INDIANA	
County:	POSEY CO.		47620	
Type of La	aboratory Seizure (check one)	Seizure Location (check all that apply)	
☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☑ Open – No Structure ☐ Other:	
Check all the Lithium Red Pho Flamma Water R Anhydroch Hydroch Corrosiv	nd: Location (bedroom, kitchen, open and apply) /Ammonia Reaction(s): osphorous/Iodine Reaction(s): ble Solvents: cactive Metal (Lithium): ous Ammonia: TRACE AMOUNT doric Acid Gas Generator(s): ve Acid: ve Base:	-		
☐ Other (item and location): <u>GROUND PSEUDOEPHEDRINE</u>				
Child under age 18 discovered (check one) Yes (number present) No If yes, fax report to Child Protective Services This report is to be faxed to the following agence		☐ Ephedrine ☐ Retail/ Me ☑ Other: <u>Cl</u> T	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: CITIZEN TRESPASS COMPLAIN	
Fire Department: <u>GRIFFIN FD</u> Health Department: <u>POSEY CO</u> Child Protection Service: <u>N/A</u>		Fax: <u>EMAI</u> Fax: <u>EMAI</u> Fax: <u>EMA</u> II	LED	
Investigating	officer: <u>KENNETH ROSE</u> Pho	ne <u>812</u> - <u>307-0047</u>	nfact	

d to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.